

PO4000136430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

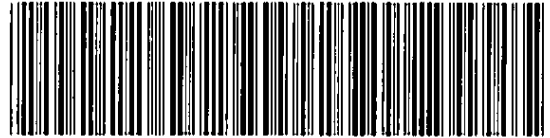
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

EFFECTIVE DATE

12/31

Office Use Only



900307151079

12/28/17--01003--017 **35.00

DEC 29 2017
S. YOUNG

DEC 28 PM 1:52

DEC 28 AM 9:44
MAIL ROOM

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 12/28 Glinda

- CERTIFIED COPY** _____
- PHOTOCOPY** _____
- CUS** _____
- FILING** Dissolution _____

1. KJH II, Inc.
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS: _____

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:
KJH II, INC.

SECOND: The document number of the corporation (if known): P04000136430

THIRD: The date dissolution was authorized: 12/26/17

Effective date of dissolution if applicable: 12/31/17
(no more than 90 days after dissolution file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

FOURTH: Adoption of Dissolution (CHECK ONE)

Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

Dissolution was approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

Signature: Minda Katz

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

MINDA KATZ

(Typed or printed name of person signing)

VICE PRESIDENT

(Title of person signing)

RECEIVED
DEC 28 AM 9:44
STATE OF FLORIDA
DEPARTMENT OF STATE

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: KJH II, INC.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

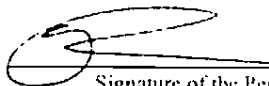
Description of information that must be included in a claim:

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Martin Schrier, Esq.
c/o Cozen O'Connor
200 S Biscayne Blvd., Suite 3000
Miami, FL 33131

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Martin Schrier, Esq.
Printed Name of the Person Filing


Signature of the Person Filing